

State of Washington AUG 13 2007 Application for a Water Right

For Ecology Use Fee Paid 50 55

Please follow the attached instructions to avoid unnecessary delays.

Date 8 8 2 C/C # 9 3286 (Morey order)

ame	SE (45/1LL	0 (07	OZCO+	Name Ho	me Tel:(5	09) -	-9	33-5780
ailing Ad	dress Pi O	BOX.	35	5	Wo	ork Tel:()		30 - 21 88 3 2 - 5780
ty <u>BE</u>	VERLY	St	tate 4	Zip+4 <u>993</u>	JL+	FAX:(_)_		
4.0000000000000000000000000000000000000	2. CONT		PERSON	N TO CAL	L ABOU	T THE	APPI	LICAT	TON
ime		*			Но	me Tel:(_)_		
ailing Ado									
ty		St	tate 2	Zip+4	+	FAX:(_			
lationship	to applicant				10 Marie 11				
ection	3. STAT	EMENT	OF IN	TENT					
rpose(s) o	of the place	of use. (Se	e instructi	AC, &	A tax parce	l number o	r a pla	Attach and the Attach and the Attach	r is not sufficient.
Che	ck if the wat	er use is pr	oposed for	a snort-term	project. Ind	icate the pe	eriod o	Time the	at the water will
			to					DEPA	AUG 6 2007
Section	From	ER SOU	to					DEPA	AUG 6 2007
f SURFA Name the ake, etc. unnamed	From	ER SOU	rto RCE te if stream	n, spring,	-	NDWATE	R	DEPA	AUG 6 2007
f SURFA Name the ake, etc. 'unnamed	From	ER SOU	RCE te if stream	n, spring,	If GROUN	NDWATE	R r(DEPA	AUG 6 2007 ATMENT OF ECOLO HRATA FIELD OFFIC
f SURFA Name the ake, etc. unnamed	From	ER SOU	RCE te if stream	n, spring,	If GROUN	IDWATE	R r(DEPA	AUG 6 2007 ATMENT OF ECOLO HRATA FIELD OFFIC
Section If SURFA Name the ake, etc. 'unnamed Number of	From	ER SOU	RCE te if stream	n, spring,	If GROUN A permit is	IDWATE	R r(DEPA	AUG 6 2007 ATMENT OF ECOLO HRATA FIELD OFFIC
Section f SURFA Name the ake, etc. unnamed Number of Source flo	From	ER SOU	te if stream amed sprin	n, spring,	If GROUN A permit is Size & depril 100 100 100 100 100 100 100 100 100 10	desired for	R r(): 1 8	DEPA DEPA EPI	AUG 6 2007 RTMENT OF ECOLO HRATA FIELD OFFIC vell(s).
f SURFA Name the ake, etc. unnamed Number of ource flo	From	ER SOU	te if stream amed sprin	n, spring, ng,"	If GROUN A permit is Size & depril 100 100 100 100 100 100 100 100 100 10	desired for	R r(): 7 8	Or without tion of sour	AUG 6 2007 ATMENT OF ECOLO HRATA FIELD OFFIC vell(s). drawal to the
f SURFA Jame the ake, etc. unnamed Jumber of ource flo	From	ER SOU	te if stream amed sprin	n, spring, ng, "	If GROUN A permit is Size & depi 1) 100 2) 60	desired for	R r(): 7 8	Or without tion of sour	AUG 6 2007 ATMENT OF ECOLO HRATA FIELD OFFIC vell(s).
ection F SURFA Iame the take, etc. unnamed Iumber of the course flower of the course flower the taken are stored to the course flower of the course flower the course flowe	From	ER SOU	to RCE te if stream amed sprin of water):	n, spring, ng, "	If GROUN A permit is Size & depi 1) 100 2) 60	desired for	R r(): 8'' 7 8'' ersion	or withd	AUG 6 2007 RETMENT OF ECOLOMBRATA FIELD OFFICE vell(s). drawal to the ree is platted, completelow:
f SURFA Name the take, etc. unnamed Number of ource flo	From	ER SOU	to RCE te if stream amed sprin of water):	n, spring, ng, " nces in feet f	Size & deprile is size & depri	desired for	R r(): 8'' 7 8'' ersion	or withd	AUG 6 2007 RETMENT OF ECOLOMBRATA FIELD OFFICE vell(s). drawal to the ree is platted, completelow:

ECY 040-1-14 Rev. 12/94 F

APPLICATION

G3-30543 Appl. No.:

39-20845

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	WELLS, PUMPS DISTRIBUTION SYSTEM, W/LOW FLOW SPRINKLERS
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION NA completed for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
B.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION complete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcres
	UseAcres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

- YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

 If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):
- B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative

Landowner for place of use (if same as applicant, write "same")

8-6-07 Date

Date

8-6-07

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following	g reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: Please provide the additional information requested		application by
	late).	
Ecology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).